

C5B 49343

Print Form

NY STATE CLIENT SEMI-ANNUAL REPORT

Marking Instructions: Please type or use blue or black ink pen.
 Completely fill in one circle.
 Print legible numbers and block letters, no script.

COMPLETE ALL SECTIONS
 before submitting or form will be returned.

ENT'D JAN 25 2013

I Reporting Information

Year: 2012

Fill in circle if amendment ☐Report Period: ☐ January/June ☒ July/DecemberType of Lobbying: ☒ Nonprocurement ☐ Procurement ☐ Both

Client Filing Fee Check Number: 47082

FOR OFFICE USE ONLY

Cyn P+III per r/L w/ J. m. cr. spind
 att+pg will email to me -
 RECEIVED JAN 14 2013
 130535
 HAND DELIVERED
 CK# 47082 50-
 XI: CAD

II Client Information

Name: Bottlers Association (NYS)

Permanent Business Address: 99 Pine Street

City: Albany

State: NY

ZIP code: 12207

Business Phone: (518) 436-0786

Fax Number: (518) 427-0452

Third Party Beneficiary (see instructions): n/a

III Lobbyist(s) Information & Compensation (Current Period Only)

Any individual or organization that has lobbied on behalf of the client must be reported below, regardless of whether the threshold was exceeded by that individual or organization.

A Type of Lobbyist: ☒ Retained ☐ Employed ☐ DesignatedLevel of Gov't: ☐ State Lobbying ☐ Local Lobbying ☒ Both

Name: Featherstonhaugh, Wiley & Clyne, LLP

Phone Number: (518) 436-0786

Address: 99 Pine Street, Suite 207

City: Albany

State: NY

ZIP code: 12207

Compensation for current period: \$28,400 .00

B Type of Lobbyist: ☐ Retained ☐ Employed ☒ DesignatedLevel of Gov't: ☒ State Lobbying ☐ Local Lobbying ☐ Both

Name: Bottlers Association (NYS)

Phone Number: (518) 436-0786

Address: 99 Pine Street

City: Albany

State: NY

ZIP code: 12207

Compensation for current period: \$0 .00

C Type of Lobbyist: ☐ Retained ☐ Employed ☐ DesignatedLevel of Gov't: ☐ State Lobbying ☐ Local Lobbying ☐ Both

Name:

Phone Number:

Address:

City:

State:

ZIP code:

Compensation for current period: \$.00

☐ Continued on attached pages

D TOTAL COMPENSATION of ALL lobbyists for current period.....(A+B+C+addendum sheets): \$28,400 .00

IV Other Expenses (Current Semi-Annual Period Only)

A Report in the aggregate all expenses less than or equal to \$75:	\$ 66	.00
B Report in the aggregate all expenses for salaries of non-lobbying employees:	\$ 0	.00
C Itemize each expense exceeding \$75:		
PAID TO: Featherstonhaugh, Wiley & Clyne, LLP	DATE: 07 / 03 / 2012	<input type="radio"/> Ad <input type="radio"/> Social Event
PURPOSE: Reimbursed Expenses	AMOUNT: \$78 .00	<input type="radio"/> *Addendum attached
<input type="radio"/> PROCUREMENT <input checked="" type="radio"/> NONPROCUREMENT		
PAID TO: Featherstonhaugh, Wiley & Clyne, LLP	DATE: 08 / 30 / 2012	<input type="radio"/> Ad <input type="radio"/> Social Event
PURPOSE: Reimbursed Expenses	AMOUNT: \$118 .00	<input type="radio"/> *Addendum attached
<input type="radio"/> PROCUREMENT <input checked="" type="radio"/> NONPROCUREMENT		
<input checked="" type="radio"/> Continued on attached pages		
* If any expense listed above exceeds \$75 for an individual, you must attach the addendum page listing the expense, dollar amount attributable to the individual and the name, title and employer of the individual.		
D Total expenses for current period:	\$579 .00	(if applicable, include all expenses from attached pages in total)

V Source of Funding Disclosure

Instructions: In the event only one person or entity is listed as the Single Source for a Contribution(s), use Section A. In the event multiple persons or entities have been aggregated as a Single Source for a Contribution(s), use Section B.

A Below list all Contributions received from the Single Source. Include the date and the amount of the Contribution received. If more than five Contributions from the Single Source have been received, use section V(C) of the Addendum for the additional Contributions.

Contribution(s) from Single Source #1

Single Source Entity's Name: Pepsi Bottling Group, Inc.
OR
Single Source Person's Last Name:

First Name:

Address: Pepsi Square, 425 Ormond Street

State: NY

ZIP code: 14605

City: Rochester

Phone: 585-454-5220

Date Contribution Received: 04 / 16 / 2012

Amount of Contribution: \$9172 .00

Date Contribution Received: 05 / 09 / 2012

Amount of Contribution: \$22803 .00

Date Contribution Received: 07 / 16 / 2012

Amount of Contribution: \$9172 .00

Date Contribution Received: / /

Amount of Contribution: \$.00

Date Contribution Received: / /

Amount of Contribution: \$.00

Check here if using section V(C) of the Addendum for additional Contributions: ☐**Contribution(s) Single Source #2**

Single Source Entity's Name: Bottling Group, LLC
OR
Single Source Person's Last Name:

First Name:

Address: 1 Pepsi Way

State: NY

ZIP code: 10589

City: Somers

Phone:

Date Contribution Received: 08 / 10 / 2012

Amount of Contribution: \$7338 .00

Date Contribution Received: / /

Amount of Contribution: \$.00

Date Contribution Received: / /

Amount of Contribution: \$.00

Date Contribution Received: / /

Amount of Contribution: \$.00

Date Contribution Received: / /

Amount of Contribution: \$.00

Check here if using section V(C) of the Addendum for additional Contributions: ☐

Check here if there are Contribution(s) from Single Source(s) other than those listed above. Use Section V(A) of the Addendum to list all such Contributions: ☐

V Source of Funding Disclosure

B Single Source Information for a Contribution(s) from multiple, Related, or Affiliated Entities.

Contributions from Single Source #1

Related or Affiliated Entity or Person:

Entity's or Person's Full Name:

Entity's or Person's Address:

Entity's or Person's Phone:

Dates and Amounts of Contributions from Entity or Person:

Date Contribution Received: / / Amount of Contribution: \$.00

Date Contribution Received: / / Amount of Contribution: \$.00

Date Contribution Received: / / Amount of Contribution: \$.00

Check here if using section V(C) of the Addendum for additional Contributions: ☐

Related or Affiliated Entity or Person:

Entity's or Person's Full Name:

Entity's or Person's Address:

Entity's or Person's Phone:

Dates and Amounts of Contributions from Entity or Person:

Date Contribution Received: / / Amount of Contribution: \$.00

Date Contribution Received: / / Amount of Contribution: \$.00

Date Contribution Received: / / Amount of Contribution: \$.00

Check here if using section V(C) of the Addendum for additional Contributions: ☐

Check here if using section V(B) of the Addendum for additional Related or Affiliated Entities or Persons: ☐

Contributions from Single Source #2

Related or Affiliated Entity or Person:

Entity's or Person's Full Name:

Entity's or Person's Address:

Entity's or Person's Phone:

Dates and Amounts of Contributions from Entity or Person:

Date Contribution Received: / / Amount of Contribution: \$.00

Date Contribution Received: / / Amount of Contribution: \$.00

Date Contribution Received: / / Amount of Contribution: \$.00

Check here if using section V(C) of the Addendum for additional Contributions: ☐

Related or Affiliated Entity or Person:

Entity's or Person's Full Name:

Entity's or Person's Address:

Entity's or Person's Phone:

Dates and Amounts of Contributions from Entity or Person:

Date Contribution Received: / / Amount of Contribution: \$.00

Date Contribution Received: / / Amount of Contribution: \$.00

Date Contribution Received: / / Amount of Contribution: \$.00

Check here if using section V(C) of the Addendum for additional Contributions: ☐

Check here if using section V(B) of the Addendum for additional Related or Affiliated Entities or Persons: ☐

Check here if there are Contribution(s) from Single Source(s) other than those listed above. Use Section V(B) of the Addendum to list all such Contributions: ☐

Please use the following addendum pages as continuation for the specified sections. If additional space is needed, please make a copy of this sheet.

III. Lobbying Expenses (Current Period Only)

Any individual or organization that has lobbied on behalf of the client must be reported below, regardless of whether the threshold was exceeded by that individual or organization.

Type of Lobbyist: <input type="radio"/> Retained <input type="radio"/> Employed <input type="radio"/> Designated		
Level of Gov't: <input type="radio"/> State Lobbying <input type="radio"/> Local Lobbying <input type="radio"/> Both		
Name:	Phone Number:	
Address:		
City:	State:	ZIP code:
Compensation for current period: \$.00	

Type of Lobbyist: <input type="radio"/> Retained <input type="radio"/> Employed <input type="radio"/> Designated		
Level of Gov't: <input type="radio"/> State Lobbying <input type="radio"/> Local Lobbying <input type="radio"/> Both		
Name:	Phone Number:	
Address:		
City:	State:	ZIP code:
Compensation for current period: \$.00	

Type of Lobbyist: <input type="radio"/> Retained <input type="radio"/> Employed <input type="radio"/> Designated		
Level of Gov't: <input type="radio"/> State Lobbying <input type="radio"/> Local Lobbying <input type="radio"/> Both		
Name:	Phone Number:	
Address:		
City:	State:	ZIP code:
Compensation for current period: \$.00	

IV. Other Expenses (Current Semi-Annual Period Only)

PAID TO: Featherstonhaugh, Wiley & Clyne, LLP	DATE: 09 / 28 / 2012	<input type="radio"/> Ad <input type="radio"/> Social Event
PURPOSE: Reimbursed Expenses	AMOUNT: \$317 .00	<input type="radio"/> *Addendum attached
<input type="radio"/> PROCUREMENT <input checked="" type="radio"/> NONPROCUREMENT		

PAID TO:	DATE: / /	<input type="radio"/> Ad <input type="radio"/> Social Event
PURPOSE:	AMOUNT: \$.00	<input type="radio"/> *Addendum attached
<input type="radio"/> PROCUREMENT <input type="radio"/> NONPROCUREMENT		

PAID TO:	DATE: / /	<input type="radio"/> Ad <input type="radio"/> Social Event
PURPOSE:	AMOUNT: \$.00	<input type="radio"/> *Addendum attached
<input type="radio"/> PROCUREMENT <input type="radio"/> NONPROCUREMENT		

PAID TO:	DATE: / /	<input type="radio"/> Ad <input type="radio"/> Social Event
PURPOSE:	AMOUNT: \$.00	<input type="radio"/> *Addendum attached
<input type="radio"/> PROCUREMENT <input type="radio"/> NONPROCUREMENT		

PAID TO:	DATE: / /	<input type="radio"/> Ad <input type="radio"/> Social Event
PURPOSE:	AMOUNT: \$.00	<input type="radio"/> *Addendum attached
<input type="radio"/> PROCUREMENT <input type="radio"/> NONPROCUREMENT		

VI Subjects lobbied:

Nutritional Standards, Bottle Bill, Recycling, Packaging, Vending Machines

☐ Continued on attached pages

VII Person, State Agency, Municipality or Legislative Body lobbied:

Senate, Assembly, Executive Branch

☐ Continued on attached pages

VII Bill, Rule, Regulation, Rate Number or brief description relative to the introduction or intended introduction of legislation or a resolution on which you lobbied:

S3927A, A6229A, S3930, A6256

☐ Continued on attached pages

VIII Title and Identifying Numbers of procurement contracts/documents lobbied:

N/A

☐ Continued on attached pages

IX Number or Subject Matter of Executive Order of Governor/Municipality lobbied:

N/A

☐ Continued on attached pages

X Subject Matter of and Tribes involved in tribal-state compacts, etc lobbied:

N/A

☐ Continued on attached pages

XI Declaration

This Declaration must be signed by the Chief Administrative Officer. (If the Chief Administrative Officer, for any reason, does not sign, he/she must duly designate another person to sign this Declaration.) (See instructions.)

I declare under penalty of perjury that the information contained in this report is true, correct, and complete to the best of my knowledge and belief.

X SIGNATURE:

PRINT NAME: LAST Wilcox

TITLE: Designee

Mark One: ☐ Chief Administrative Officer ☒ Designee (Attach Letter)

DATE:

FIRST Peter

The following MUST be attached to this report at the time of submission:

- You must attach a \$50 dollar filing fee to each semi-annual report. (No fee is required for amendments to the original)
- If applicable, a designation letter if you have marked designee in section XI.
- If applicable, continuation sheets for sections III, IV, V, VI, VII, VIII, IX and X.

PLEASE NOTE You may be assessed up to \$25 for each day this report is late.